

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/594813 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	1		1			
9	1		1			
10	1		1			
11						
12						
13						
14						
15						
16						
17						
18						
19	1	0	1			
20			1			
21	1	1	1			
22	1	1	1			
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49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	17	←	18	←		←
TOTAL CLAIMS	22		23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.					←	←
TOTAL CLAIMS						←